

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Makoto Kawai, et al.
Title	Therapeutic Amide Derivatives
Art Unit	
Examiner Name	
Attorney Docket Number	PC26188A

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 28880
OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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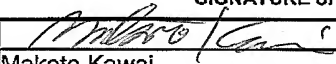
<input type="checkbox"/> Firm or Individual Name	David R. Kurlandsky				
Address	Pfizer, Inc. 2800 Plymouth Road				
City	Ann Arbor	State	Michigan	Zip	48105
Country	U.S.A.				
Telephone	734-622-7304	Fax	734-622-2928		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	Jun. 29, 2006
Name	Makoto Kawai	Telephone	81-569-74-4400
Title and Company	Scientist, Pfizer Global Research and Development, Nagoya, Pfizer Japan Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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SIGNATURE of Applicant or Assignee of Record

Signature	Date
Mitsuhiro Kawamura	6/29/2006
Name	Telephone
Director, Pfizer Global Research and Development, Nagoya, Pfizer Japan Inc.	81-569-74-4379

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☐ Firm or Individual Name David R. KurlandskyAddress Pfizer, Inc.
2800 Plymouth Road

City Ann Arbor

State Michigan

Zip 48105

Country U.S.A.

Telephone 734-622-7304

Fax 734-622-2928

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☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
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Signature	<i>Asato Morita</i>	Date	Jun. 29, 2006
Name	Asato Morita	Telephone	81-569-74-4375
Title and Company	Scientist, Pfizer Global Research and Development, Nagoya, Pfizer Japan Inc.		

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Signature	<i>Isao Sakurada</i>	Date	Jun. 29, 2006
Name	Isao Sakurada	Telephone	81-569-74-4394
Title and Company	Scientist, Pfizer Global Research and Development, Nagoya, Pfizer Japan Inc.		

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